No. 2
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X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33778

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3709

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Months 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 048
(c) City or town Kansas City 3 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4324 College
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Guy M. Renfrow
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 6th. 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	0	28	hr. min.

9. Birthplace Big Piney (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Minister
11. Industry or business
FATHER
12. Name Joseph Renfrow
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Rev. A. A. Wilson
(b) Address 4324 College K.C.Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Modesto Calif.
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.
19. (a) 10/5/41 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Oct. year 1941 hour 7 minute 15 M.
21. I hereby certify that I attended the deceased from Sep. 15 1941 to Oct 4 1941
that I last saw him alive on Oct 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism — Duration
Due to Cholecystectomy
Due to
Other conditions (Include pregnancy within 3 months of death) 12/10
Major findings: Of operations Cholecystitis
Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury no
23. Signature J. F. Mackey (M. D. or other)
Address Kansas City, Mo. Date signed 10-6-41

(Licensed Embalmer's Statement on Reverse Side)

Vi 3002

We. 0607

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.